State Quality Improvement Council

March 30, 2006

Welcome and Introductions

- Housekeeping Items
- Review Agenda
- Review of Minutes – May 4, 2005

Penny

MHSA Current Status

Carol

CSS Plans

- Counties have submitted or are in the process of submitting their CSS plans
- DMH has received approximately 44 plans to date
- 6 county CSS plans have been approved
- Currently, there are 6 review panels, each comprised of 10 reviewers

Carol

Workforce Education and Training

- Currently Developing a Five Year Education and Training Plan
- Includes plan for Workforce Needs Assessment
- Recruitment Strategies
- Training
- Stipends

Carol

Prevention and Early Intervention

- Beginning Implementation at the DMH Department Level and at the Oversight and Accountability Commission (MHSOAC)

- The MHSOAC has appointed a Prevention and Early Intervention Committee

Carol

Capital Facilities, Technology and Innovation

- Capital Facilities, Technology and Innovation components of the MHSA are currently in development

Carol

SQIC's Contribution to System Transformation

Maureen & Stephanie

Review Welfare and Institutions Code 5614.5

Maureen & Stephanie

SQIC Mission Statement

To assure a collaborative, accessible, responsive, efficient and effective mental health system that is culturally competent, client and family oriented, and age appropriate by the implementation of quality improvement strategies.

Maureen & Stephanie

SQIC Update

- Passage of the Mental Health Services Act (MHSA) in November 2004
- Reintroduction of the SQIC
- Inclusion of MHSA values and orientation into the SQIC

Maureen & Stephanie

Incorporating MHSA into the Work of the SQIC

MHSA Values reflect the goals described in the President's New Freedom Commission Report including:

- Wellness
- Resilience
- Collaboration
- Cultural Competency
- Consumer and Family Driven Services
- Integrated Services

Maureen & Stephanie

Suggested Innovative Quality Improvement Strategies

- Recommend universal goals for the CA MH system.
- Support processes that design, implement, evaluate and intervene in order to maintain and improve quality.
- Council's focus will be quality improvement and quality promotion.
- Council will include state, county, local representatives and other stakeholders including consumers and family members of consumers.
- Model data-driven approaches to others
- Publish findings and results with interpretation (context)
- Input to performance improvement projects

Maureen & Stephanie

Collaboration with Other Quality Related Committees and Councils

- Compliance Advisory Committee
- External Quality Review Organization
- Performance Measurement Advisory Committee
- CA Mental Health Planning Council
- CA Mental Health Directors Association
- Cal QIC
- Cultural Competency Advisory Committee
- CalMEND

Maureen & Stephanie

Review Data - for the purpose of ...how to make a difference in quality

- Medi-Cal Claims
- Client and Services Information System
- Statewide Performance Outcome Measurement System
- Other sources of data that may be identified

Maureen & Stephanie

Improve Feedback Mechanism

Act as a feedback mechanism to suggest improvement goals and recommend priorities that will generate added and/or improved quality across mental health systems.

Maureen & Stephanie
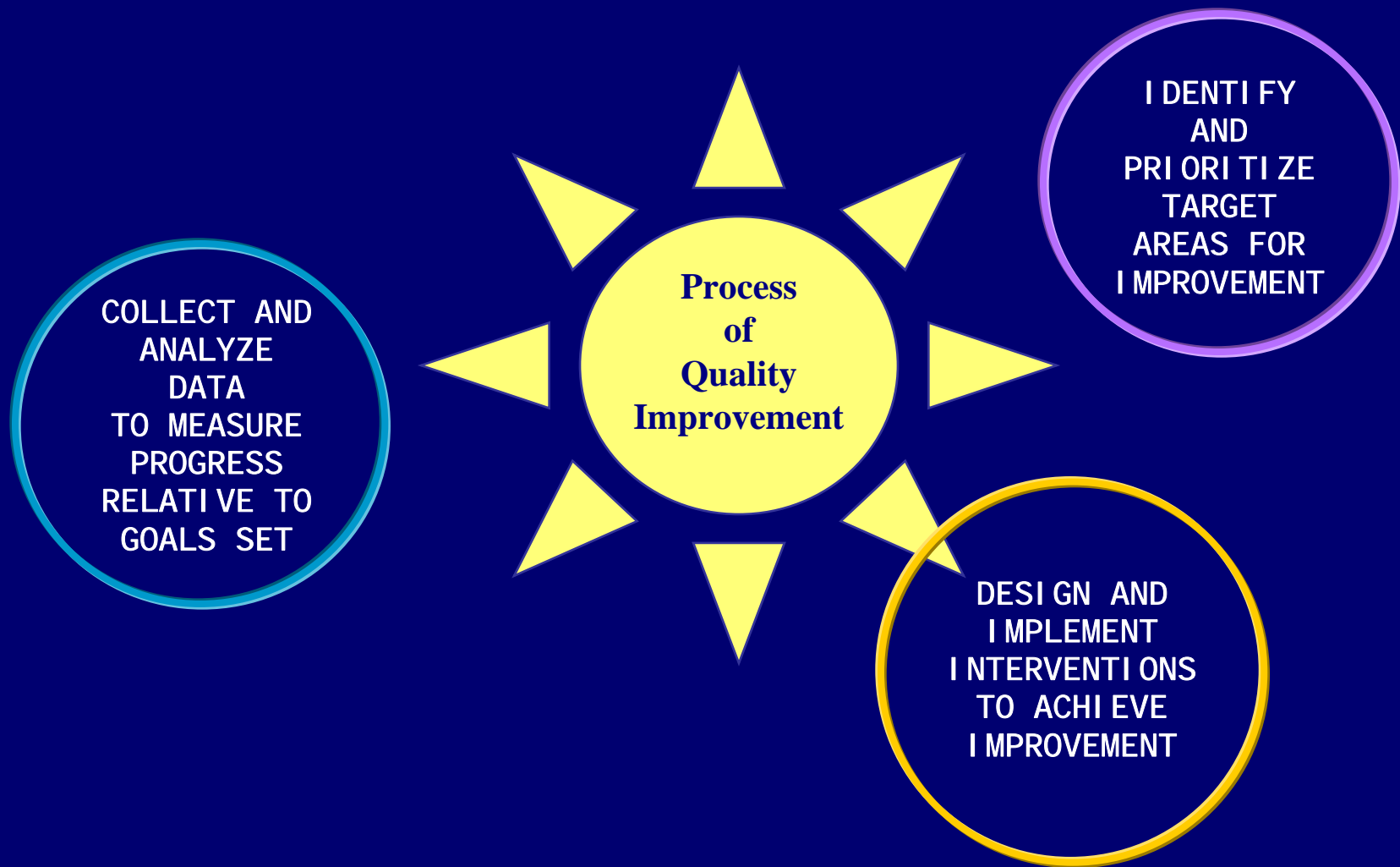
Continuing with the Institute of Medicine Framework: Crossing the Quality Chasm

- Build on the recommendations of the Institute of Medicine: Crossing the Quality Chasm workgroup
- Incorporate the transformative philosophy embodied in the MHSA
  - Processes that are client and family driven
  - Individualized to provide "whatever it takes" activities in support of recovery.

Maureen & Stephanie

A New and Important Goal

- Provide education about the interpretation and contextualization of data and other information.
  - Result: Improve participants and other interested parties' understanding of data
  - Result: Improve decision support
  - Result: Improve design of subsequent quality improvement processes.

Maureen & Stephanie

Suggested Initial Focus of SQIC

Collaborate with existing performance information entities to identify areas of quality improvement of interest to federal, state and local systems.

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Example #1

- Increase interface with MediCal Oversight Compliance Advisory Committee
- Explore potential methods for automating compliance review tools so that information gathered from compliance reviews can be quantified and utilized to identify areas of quality improvement

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Example #2

- Increase interface with the contracted External Quality Review Organization (currently, APS Healthcare).
- Collaborate with APS Healthcare to assist counties in standardizing and/or supporting Performance Improvement Project Design, implementation and data utilization, required by the Federal Medicaid Waivers.

Maureen & Stephanie

Example of Possible Specialized Studies Related to MHSA

- Recovery
- Stigma Reduction
- Provider education
  about recovery
- Use of consumer and family member providers and peers
- Integration and coordination of services, including physical healthcare, substance abuse, etc...
- Data Quality
- Improving access

- Interface between Community Services and Supports and primary care, social services, education, etc.
- Information needed for electronic data records
- Evidence Based Practices/Fidelity and Outcomes
- Family Engagement
- Prevention

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SQIC Reflections: Group Exercise

- **What's Working?**
- **What's Not?**
- **What the Future Holds...**

  - Meeting Participants & Structure

  - Philosophy/Concepts

  - Projects

  - Collaboration

  - Etc......

Maureen & Stephanie
- Lunch

Reporting Back to the Group.....

- What's Working?

- What's Not?

- What the Future Holds...

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Performance Measurement Advisory Committee (PMAC)

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Performance Measurement Advisory Committee Composition

The goal of the Department of Mental Health is to maintain a diverse committee with relatively equal representation of the regions of California and the specific skills and areas of expertise listed below:

- Consumer perspective
- Family member perspective
- Small county perspective/expertise
- Large county perspective/expertise
- Rural county perspective/expertise
- Urban county perspective/expertise
- Child/youth perspective/expertise

- Transition-age youth perspective/expertise
- Adult perspective/expertise
- Older adult perspective/expertise
- Research/evaluation/measurement expertise
- Cultural competence expertise
- Mental health management/ supervisory experience
- Expertise in Recovery/Wellness philosophy/orientation
- Mental health services delivery/ clinical experience

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CALIFORNIA'S 58 COUNTIES

Note: There are 4 persons not reflected on the map who represent California organizations that are not county or region specific.

www.dmh.ca.gov/MHSA/PMAC.asp

PMAC

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PMAC Focus and Responsibilities

Recommend measures based upon:

- Meaningfulness, feasibility and measurability
- The MHSA mission of transformation, recovery and wellness
- State and system-wide accountability
- Goals of Quality Improvement
- Reduced duplication of data collection

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PMAC Focus and Responsibilities (cont'd)

Recommend methods of measurement administration and data capture, analysis and reporting that:

- Utilize the most current and best information technology available
- Increase efficiency and minimize administrative burden
- Maximize the usefulness of resulting data

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PERFORMANCE MEASUREMENT

PUBLIC / COMMUNITY- IMPACT LEVEL
(Evaluation of Global Impacts and Community-Focused Strategies)

Mental Health Promotion and Awareness

Mental Health System Structure / Capacity in Community

Community Reaction / Evaluation / Satisfaction with regard to mental health system

Large-Scale Community Indicators

MENTAL HEALTH SYSTEM ACCOUNTABILITY LEVEL
(Evaluation of Community Integrated Services and Supports – *Program/System-Based Measurement*)

Monitoring / Quality Assurance / Oversight *(multi-stakeholder process)*

Client / Family Satisfaction / Evaluation of Services and Supports

Staff / Provider Evaluation / Satisfaction with regard to mental health system

INDIVIDUAL CLIENT LEVEL
(Evaluation of Community Integrated Services and Supports – *Individual Client Tracking*)

Client and Services Tracking

Individual Client Outcomes Tracking

Prioritization/Discussion of Possible Projects

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Prioritization/Discussion of Possible Projects the SQIC Might Undertake

- Recovery
- Stigma Reduction
- Provider education
  about recovery
- Use of consumer, family and provider peers
- Integration and coordination of mental and physical healthcare
- Data Quality
- Improving access
- Promising practices by ethnic-specific providers
- Alternative healing practices
- Effective strategies to reduce disparities by ethnic groups

- Interface between Community Services and Supports and primary care, social services, education, etc.
- Information needed for electronic data records
- Evidence Based Practices/Fidelity and Outcomes
- Family Engagement
- Prevention
- Integrated services of all relevant kinds - re-thinking the service mix
- Assessment and alternatives to inappropriately restrictive care

What is working... what is transformational – what is relevant and works in multi-cultural communities

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ETC............

Coming Attractions:
The Future Look of Meetings

Penny

Membership

- Cal-QIC Representatives
- Increasing SQIC Membership
    - Family and Consumer Participants
    - Replacing members no longer serving
    - Length of SQIC Membership

Penny

Decision Making Process

Use of Consensus to represent the full spectrum of opinions among members

Suggested Categories:

- Fully Support (I really like this idea!)
- No Opinion (I have no preference one way or the other.)
- Support with Reservations (I don't like the idea but I will go along with it.)
- On Record as Not Supporting (I don't support this and want that on record.)

Penny

Presentations

Considerations:

- Number of presentations per meeting
- Presentation length
- Creating time for reflection and action steps
- Committee to determine presentation topics

Penny